

# Health insurance plans for individuals and families

## State variations for Colorado

Form TIM14.POL.CO

The product brochure is used nationwide and does not reflect state-specific information. Use this State variations form along with the product brochure. This form contains a summary of major contract variations for Colorado.

## Outline of Coverage Form

An outline of coverage is not required.

## State-specific benefits

### Inpatient Hospitalization Services

#### Private duty nursing

Covered the same as other inpatient hospitalization services.

### Outpatient Medical Services

#### Early Intervention Services

Early Intervention Services (EIS) for covered persons from birth up to age three (3) who have significant delays in development or have a diagnosed physical or mental condition that has a high probability of resulting in significant delays in development.

An EIS must be provided by a qualified intervention service provider, and/or in accordance with an individualized family service plan (IFSP). "Individualized family service plan" or "IFSP" means a written plan that authorizes EIS to an eligible child and the child's family. An IFSP serves as the individualized plan for an eligible child from birth through 2 years of age. Early intervention services do not include nonemergency medical transportation; respite care; service coordination, and assistive technology.

Benefits are not subject to the plan deductible or plan coinsurance and are limited to a maximum benefit of 45 therapeutic visits per calendar year per covered person.

This document provides summary information. For a complete listing of benefits, exclusions and limitations, please refer to the Insurance policy. In the event there are discrepancies with the information in this document, the terms and conditions of the coverage documents will govern.

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### **Medical Foods**

Medical foods for home use for inherited enzymatic disorders, which are caused by single gene defects involved in metabolism of amino, organic, and fatty acids for certain specified conditions are covered. The maximum age to receive benefits for phenylketonuria is twenty-one years of age (21); except that the maximum age to receive benefits for phenylketonuria for women who are of child-bearing age is thirty-five years of age (35).

## **Habilitative and Rehabilitative Services**

### **Physical, Speech and Occupational Therapy**

Physical Therapy, Speech Therapy and Occupational Therapy for the care and treatment of congenital defects and birth abnormalities for covered persons from age 3 to age 6 is limited to 20 visits each for Physical, Occupational and Speech Therapy per covered person per calendar year.

### **Adjustments and manipulations**

Limited to 12 visits per covered person per calendar year.

### **Pulmonary rehabilitation program**

Limited to an initial evaluation, 6 education sessions, 12 exercise sessions, and a final evaluation to be completed within a two to three-month period.

### **Subacute Rehabilitation Facility and/or Skilled Nursing Facility Care**

Limited to 100 visits per covered person per calendar year.

### **Multidisciplinary rehabilitation services**

Limited to 60 days per covered person per calendar year.

### **Home health care services**

Benefits for the Special Services Program are limited to 15 home health care visits per covered person per lifetime.

#### **Special Services Program**

If You have been diagnosed with a terminal illness with a life expectancy of one year or less, but are not yet ready to elect Hospice care, You are eligible for the Special Services Program ("Program"). This Program allows you to receive home health visits until you elect Hospice Care coverage.

This program gives You and your family time to become more familiar with Hospice-type services and to decide what is best for You. It helps you bridge the gap between your diagnosis and preparing for the end of life.

The difference between this program and regular visiting nurse visits is that: you may or may not be homebound or have skilled nursing care needs; or you may only require spiritual or emotional care. Services available through this program are provided by professionals with specific training in end-of-life issues.

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### **Applied behavior analysis therapy for the treatment of autism spectrum disorders**

Subject to maximum benefit per covered person of: 550 sessions birth to age 8; 185 sessions age 9 to age 19. Sessions are limited to 25-minute increments.

## **Durable Medical Equipment and Personal Medical Equipment**

### **Hearing Aids**

Includes coverage for medically necessary hearing aids for covered persons under the age of 18 years. Benefits include coverage for the initial hearing aids and replacement hearing aids every 5 years, new hearing aids when alterations to the existing hearing aid cannot adequately meet the needs of the covered person, or for supplies required for the initial assessment, fitting adjustments and auditory training.

## **Maternity and Newborn Care Services**

### **Congenital defects and birth abnormalities**

Includes coverage for medically necessary care and treatment of medically diagnosed congenital defects and birth abnormalities for the first 31 days of the newborn's life.

## **Miscellaneous**

### **Specialty Pharmaceutical Drugs**

Charges for specialty drugs must be obtained by a designated specialty pharmacy provider as designated by us to be considered at the participating provider level. Specialty drugs obtained from a non-designated provider will not be covered. Benefits will not be paid for any specialty drugs that are not authorized by the medical review manager.

### **Child Dental Services**

Orthodontic dental services (including treatment and consultations) are not covered.

**We maintain an access plan for each network offered in Colorado. The access plan includes information regarding availability and accessibility of participating providers and our method of informing you of the plan's services and features. The access plan is available upon request by contacting us at 800-800-1212.**

### **Network Adequacy:**

- I. Depending on the network chosen, there may be counties with no participating providers available. Please see provider directory for additional information.**
  
- II. Non-network providers may bill more than we determine to be a maximum allowable amount and you are responsible for payment of any amount billed above the maximum**

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**allowable amount.**

- III. You may request the usual, customary, and reasonable rate for reimbursement for specific services by contacting us at 800-553-7654.**

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